



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or **Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where indicated. For further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Do not use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

27148 7590 11/23/2007  
**POLSINELLI SHALTON FLANIGAN SUELTHAUS PC**  
700 W. 47TH STREET  
SUITE 1000  
KANSAS CITY, MO 64112-1802

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

**Dianna Swarrington** (Depositor's name)  
*Dianna Swarrington* (Signature)  
1/23/2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/064,228	06/21/2002	Stephen M. Weeks	116377	4481

TITLE OF INVENTION: CONDITIONAL FEE OWNERSHIP HOME FINANCING SYSTEM AND BUSINESS METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	02/25/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS	01/24/2008 HNGUYEN2 00000039 501662 10064228			
BASIT, ABDUL	3694	705-037000	01 FC:2501 02 FC:1504	720.00 DA 300.00 DA		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  
**1 Polsinelli Shalton**  
**2 Flanigan Suelthaus PC**  
**3**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **REIT Contact, LLC**  
(B) RESIDENCE: (CITY and STATE OR COUNTRY) **Tucson, Arizona**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:  
☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_  
4b. Payment of Fee(s): (Please first recapture any previously paid issue fee shown above)  
☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-1662** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)  
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Robert O. Enyard, Jr.* Date 1/23/2008  
Typed or printed name **Robert O. Enyard, Jr.** Registration No. **57,780**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# Polsinelli

Shalton | Flanigan | Suelthaus PC

## Fax Information Sheet

**DATE:** January 23, 2008

TO:	FAX NO.:
MAIL STOP ISSUE FEE, United States Patent and Trademark Office	571-273-2885

**FROM:** Robert O. Enyard Jr.

**RE:** U.S. Non-Provisional Patent Application Serial No. 10/064,228

**CLIENT MATTER NO.:** 116377

**Personal ID No.:** 9372

**Number of pages including cover sheet:** 2

**CONFIDENTIALITY NOTICE:** The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the below address via the U.S. Postal Service. Thank you.

If you do not receive all pages of this communication, please call Dianna E. Swarrigin at (314) 552-6818.

**Message**

100 South Fourth St., Suite 1100  
St. Louis, MO 63102  
Telephone: (314) 889-8000  
Fax: (314) 231-1776

371609.1